E. Requesting Forms

The following forms can be found on DMA's Web site ($\underline{\text{http://www.ncdhhs.gov/dma/forms.html}}$) or as noted.

Form	Call or Copy
ADA Dental Claim Form	ADA, 800-947-4746
Adult Care Home Personal Care Services Physician	EDS, 800-688-6696
*Authorization and Plan of Care (DMA 3050-R)	
*Carolina ACCESS Medical Exemption Request (DMA 9002)	
*Carolina ACCESS Override Request	
*Carolina ACCESS Patient Admission Agreement/Formal	
*Arrangement Form	
*Carolina ACCESS Provider Information Change Form	
CMS-1500 Claim Form	Office Supply Store
*Electronic Funds Transfer (EFT) Authorization Agreement	
*Fee Schedule Request	
*Health Department Health Check Agreement	
*Health Insurance Information Referral (DMA 2057)	
*Health Insurance Premium Payment (HIPP) Application	
*Medicaid Claim Adjustment Form	
*Medicaid Credit Balance Report	
*Medicaid Resolution Inquiry	
*Medical Record Release Form (for WIC Exchange of	
Information forms)	
Medical Transportation Assistance Notice of Rights (DMA-5046)	EDS, 800-688-6696
*Medicaid Crossover Reference Request	
*Medicaid Provider Change Form	
Personal Care Services Physician Authorization for Certification	EDS, 800-688-6696
and Treatment (PACT) (DMA-3000)	
Personal Care Services–Plus (PCS–Plus) Request Form (DMA	EDS, 800-688-6696
3000-A)	
*Pharmacy Adjustment Request	
*Pharmacy Claim Form	EDS, 800-688-6696
*Prior Approval Forms	
Certificate of Medical Necessity and Prior Approval Form (for	EDS, 800-688-6696
DME and O&P)	
FL2 Long-Term-Care Services Form (372-124)	EDS, 800-688-6696
Request for Prior Approval N.C. Medicaid Program Form (372-	EDS, 800-688-6696
118)	
MR2 Mental Retardation Services Form (372-123)	EDS, 800-688-6696
Prior Approval for Psychiatric Inpatient Services	ValueOptions, 888-510-1150
Supplemental to Dental Prior Approval (DMA-6022)	EDS, 800-688-6696
Visual Aids Prior Approval Form (372-017)	EDS, 800-688-6696
*Provider Certification for Signature on File	
Provider Visit Request	EDS, 800-688-6696
Referral for Diagnosis and Treatment	EDS, 800-688-6696
Sterilization Consent Form	EDS, 800-688-6696

Form	Call or Copy
Trading Partner Agreement	EDS, 800-688-6696
*Third Party Recovery Accident Information	
Report (DMA 2043)	
UB-92 Claim Form	Office Supply Store
Utilization Review Report—Long Term Care FL12	EDS, 800-688-6696
*WIC Exchange Form for Infants and Children	
*WIC Exchange Form for Women	

^{*}Forms on DMA's Web site (<u>www.ncdhhs.gov/dma/forms.html</u>)